

Spinexpo A/W 09
Shanghai China, September 8th -10th September, 2008

HOTEL AND TRANSFER RESERVATION FORM

Please print clearly in BLOCK LETTERS. Keep a copy for your records. Forward the completed form by fax or email to:

Ms. Viki Wu

Shanghai China Travel International Ltd.

Room 808 No. 2 Huasheng Tower, Lane 519 Aomen Road

Shanghai China 200060

Phone: 86 21 6299 5711

Fax: 86 21 6247 6390

Email: wum@ctish.cn

Mobile : 86 13818908578

Title: (please check) Mr. Mrs. Ms. Miss.

First Name: _____ Last Name: _____

Organization/Company: _____ Position _____

Mailing Address: _____

City: _____ State/Province: _____ Country: _____

Postal/Zip Code: _____ Telephone _____

Fax: _____ Mobile/Cell phone: _____

Email Address: _____

Passport Number: _____ Nationality: _____

Accompanying Persons:

First Name: _____ Last Name: _____

First Name: _____ Last Name: _____

Form A ACCOMMODATION RESERVATIONS

A minimum of 1 night's deposit for hotels must be paid to secure your booking. Booking made after 31 July 2008 could not be guaranteed. The deposit could not be reimbursed for cancellations made after 31 July 2008.

Hotels	Star Rate	Room Type	Rate (CNY)	Check Room Type	Room (s)
Renaissance Pudong Hotel	★★★★★	Deluxe room	*Sgl/Db1 1380	<input type="checkbox"/> Sgl / <input type="checkbox"/> Db1	/
Radisson Pudong Central Park	★★★★★	Run of House	*Sgl/Db1 1280	<input type="checkbox"/> Sgl / <input type="checkbox"/> Db1	/

***All prices quoted are subject to 15% service charge and include breakfast(s)**

***Rate of Radisson Hotel includes complimentary in room broadband internet access and wireless internet access in hotel's public area.**

1st Hotel Choice: _____

2nd Hotel Choice: _____

Check-in Date: _____

Check-out Date: _____

Total Nights: _____

Smoking Preference: Smoking

Non Smoking

TOTAL (Deposit) A CNY _____

Form B AIRPORT/HOTEL TRANSFER SERVICE

Flight Details:

Arrival Flight Number: _____ Date: _____(D)/_____(M) / 2008

Departure Flight Number: _____ Date: _____(D)/_____(M) / 2008

	Number of People	Cost Per Person	Total
Airport/Hotel Shuttle Service		CNY300	

TOTAL B CNY _____

Form C PAYMENT SUMMARY (Transfer totals Forms A,B)

Hotel Deposit	<i>Transfer from: Form A</i>	CNY
Airport/Hotel Transfer Service	<i>Transfer from: Form B</i>	CNY

GRAND TOTAL C CNY _____

Payment can be made by either of the following:

CREDIT CARD PAYMENT AUTHORIZATION

I hereby authorize Shanghai China Travel International Ltd. to debit my:

Visa Master Card American Express

Credit card number: _____

Expiration date: ____ / ____

Card Validation Code (CVC) last three digits on the signature space on the back of your card.

Amount: CNY _____

Card holder's name (Please print): _____

* **Shanghai CTI will debit the above credit card in CNY only; a 3% of total amount as credit card surcharge will be paid by the card holder.**

BANK TRANSFER

Bank Details: SHANGHAI JINGAN SUB-BRANCH, BANK OF CHINA

Account Name: SHANGHAI CHINA TRAVEL INT'L LTD (CTIS)

Account No in CNY: 044133-8900-11473008091001

Account No in USD: 90-11473008091014-021

Bank transfer **MUST** be net and **FREE** of all charges.

Bank transfer reference **MUST** include delegate **name(s)** and indicates "Hotel & Transfer for Spinexpo A/W 09".

Signature _____ Date _____